

## ***Subterranean Termite Post-Construction Treatment Disclosure For Each Estimate***

When an estimate or proposal for termite treatment is submitted to a consumer the pest control company must provide the following written disclosure information: For all treatments there will be a diagram showing exactly what will be treated. Treatment specifications and warranties for those treatments may vary widely. Review the pesticide label provided to you for minimum treatment specification. If you have any questions, contact the pest control company or the Texas Department of Agriculture, P.O. Box 12847, Austin, Texas 78711-2847. Telephone number (866) 918-4481 or Fax: 888-232-2567. Documentation shall also include but is not limited to approximate perimeter measurement of the structure, areas of active or previous termite activity, the concentration of any liquid termiticide application to be used or the minimum number of baiting systems installed or the square footage if a barrier is installed. The consumer is advised to review all this information and the pesticide label for explanations of the proposed treatment and compare this with any other proposal or estimate they may receive.

### **Definitions of Treatment**

A subterranean termite treatment may be a partial treatment or a spot treatment using termiticide, approved physical barriers or a baiting system. These types of treatments are defined as follows:

#### **Partial Treatment**

This technique allows a wide variety of treatment strategies but is more involved than a spot treatment. (See definition below.) Ex: treatment of some or all of the perimeter, bath traps, expansion joints, stress cracks, portions of framing, walls and bait locations.

**Pier and Beam:** Generally defined as the treatment of the outer perimeter including porches, patios and treatment of the attached garage. In the crawl space, treatment would include any soil to structure contacts as well as removal of any wood debris on the ground.

**Slab Construction:** Generally defined as treatment of the perimeter and all known slab penetrations as well as any known expansion joints or stress cracks.

#### **Spot Treatment**

Any treatment which concerns a limited, defined area less than ten (10) linear or square feet that is intended to protect a specific location or "spot." Often there are adjacent areas susceptible to termite infestation, which are not treated.

#### **Baiting System**

This type of treatment may include interior and/or perimeter placement of monitoring or baiting systems along with routine inspection intervals. The baiting technique may include one or more baiting locations as prescribed by the product label and instructions.

#### **Barriers**

If a physical device is used, the square footage of the physical device must be recorded and a diagram describing the installation will be provided.

WARRANTY information provided includes the complete details any warranty provided and the following:

- Time Period of the Warranty
- Renewal Options and Cost
- Obligations of the Contracting Parties
- Conditions that could develop which would void the warranty
- Name of the pest control company responsible for the warranty.

If the warranty does not include the entire structure treated, the areas included in the warranty are: (specify)

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A copy of the consumer information sheet has been made available to the appropriate party.

### **Additional Information**

In addition to the information listed above the following information must also be included on the diagram: Known wood destroying insect activity, conducive conditions, type of construction, construction details, and any other information about construction relevant to the treatment proposal.

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P.O. Box 12847, Austin, Texas 78711-2847, Phone (866) 918-4481, (FAX) 888-232-2567**

[illegible]

Address: \_\_\_\_\_

A label of \_\_\_\_\_ is enclosed.

Areas of present termite activity\_\_\_\_\_

Areas to be treated, drilled, rodded, trenched or baited

Type of Construction, Type of Treatment (check all that apply)

Type of Treatment      ☐ Pier & Beam ☐ Partial ☐ Baits ☐ Physical Barrier

Approximate measurements of the structure(s) to be treated\_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Name of Pest Control Company

TPCL. No.

**\*This form includes the minimum requirements and information. It may also include or be revised to include a company logo and additional information.**

Revised 07/30/2010

